



10,000 years in our Traditional Homeland, Prince William Sound, the Copper River Delta, and the Gulf of Alaska

Dear General Assistance Applicant:

In order to determine your eligibility for General Assistance you must be Alaska Native or American Indian and enrolled in a Federally Recognized Tribe or have a Certificate of Degree of Indian Blood (CDIB) issued by the Bureau of Indian Affairs. You must live within the Native village of Eyak service area and submit a completed General Assistance application which includes the following:

- Completed General Assistance Application with all questions/sections answered or filled out properly. If a question or section does not apply to you, write "Not Applicable or N/A". Applications not filled out properly or entirely will not be processed.
- Proof of Tribal enrollment or CDIB for all countable household members.
- Government issued photo identification for all countable adult household members.
- Proof of residency in Native Village of Eyak service area.
- Proof of ALL INCOME (earned and unearned) which must also include bank statement(s) for all countable household members for the month in which you are applying for assistance.
- If currently employed, provide an Employment Proof form signed by your employer.
- If unemployed provide completed Work Search/Work Related Activity Sheets for each countable adult household member.
- Provide copies of your most recent statements/invoices (bills) and receipts showing payments made for all shelter and utility costs that apply to your household. Shelter/Utility bills must be in applicant/spouse's name.
- If you have children you must provide proof that you have applied for ATAP/TANF and if you are not eligible for ATAP/TANF you must provide proof of denial.
- If applicable, provide proof of guardianship of non-biological children in your custody, (i.e. grandchild, niece/nephew, etc.).
- Birth Certificates for all countable minor dependent children in the household.
- Other documentation to determine eligibility or exemption from General Assistance requirements (i.e. medical, disability, social security status, etc.).

A decision will be made within 30 days of your application date and you will be notified in writing within 45 days of your application date. If you are eligible and employable you will need to schedule an appointment with me to develop an Individual Self-Sufficiency Plan (ISP) before payment can be made. If you are eligible and unemployable with a verified medical excuse from work/work activity, you will need to schedule an appointment with me to develop a Case Plan before payment can be made.

You will be required to apply for other financial assistance programs – State/Federal/Tribal for which you are eligible. However, please note that if you are already receiving ATAP/TANF, Adult Public Assistance, Disability or any other State, Federal or Tribal financial assistance you may be determined ineligible for General Assistance under the federal regulations.

If you have any questions or concerns regarding the General Assistance application process please call TFS Assistant at 424-2257 or email at [tfsassistant@eyak-nsn.gov](mailto:tfsassistant@eyak-nsn.gov)  
TFS Manager at 424- 2238 or email at [tfsmanager@eyak-nsn.gov](mailto:tfsmanager@eyak-nsn.gov)

Sincerely, Tribal family services

**U.S DEPARTMENT OF THE INTERIOR  
BUREAU OF INDIAN AFFAIRS  
APPLICATION FOR WELFARE ASSISTANCE**

**\*\*\*INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED\*\*\***

**Name:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

**Maiden Name or Other Names Used:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
P.O. Box or Street Address City State Zip

**Physical Address:** \_\_\_\_\_  
Street Address City State Zip

**Home Phone#:** \_\_\_\_\_ **Message Phone#:** \_\_\_\_\_ **Work Phone#:** \_\_\_\_\_

**Marital Status:**     Single     Married     Separated     Divorced     Widowed

**List ALL MEMBERS of the Household. Enter an asterisk (\*) in the box at left of the name for each person NOT INCLUDED in General Assistance application budget.**

*	NAME	RELATION TO HEAD	DATE OF BIRTH	SEX	SOCIAL SECURITY #	TRIBE ENROLL #	MONTHLY INCOME

MEMBERS OF HOUSEHOLD WITH PHYSICAL OR MENTAL HANDICAP				
NAME	NATURE OF PROBLEM	TEMPORARY or PERMANENT	MINOR or MAJOR	VERIFIED

**How many persons live in the house:**    \_\_\_\_\_ Adults    \_\_\_\_\_ Children

**Type of Service Applying for:**     General Assistance     Emergency \*for home burnout, flooding, etc. NOT for eviction/shutoff notices, medical travel, funeral travel, etc. per 25 CFR Part 20 §20.329.

**Where do you live now?**     Own Home     Rent House/Apartment     Rent Room     With Relatives  
 With Friend(s)     Other: \_\_\_\_\_

**Are you or any member of your household a shareholder in a Native Corporation?**     Yes     No  
**If yes, list the name of household member and Corporation(s) here: (use backside of form if necessary)**

MEMBERS OF HOUSEHOLD WHO OWN SHARES IN A NATIVE CORPORATION		
NAME	NATIVE CORPORATION	# SHARES OWNED

Have you received ATAP or TANF in the last month:  Yes  No If yes, how much: \$ \_\_\_\_\_

Has your ATAP/TANF been reduced due to penalties:  Yes  No Reason: \_\_\_\_\_

Have you been terminated from ATAP/TANF:  Yes  No Date of termination: \_\_\_/\_\_\_/\_\_\_

Have you been determined ineligible for ATAP/TANF:  Yes  No Reason: \_\_\_\_\_

Have you been denied ATAP/TANF:  Yes  No Reason: \_\_\_\_\_

Are you eligible to reapply for ATAP/TANF:  Yes  No Date able to reapply: \_\_\_/\_\_\_/\_\_\_

What TANF office did you receive assistance from: Please list: \_\_\_\_\_

**EXPLAIN FULLY**, how you have supported yourself during the past three (3) months *and* what has changed in your situation to cause you to apply for assistance. **Failure to complete this section will render this application incomplete & therefore will not be processed.**

Do you have an Individual Indian Money (IIM) account?  Yes  No

**RECORD OF INCOME AND RESOURCES**

Does anyone in your household have income from any source?  Yes  No  
 If yes, list the name of household member(s), source of income and amounts below.

**\*\*\*YOU ARE REQUIRED TO REPORT INCOME RECEIVED FROM THE FOLLOWING\*\*\***

SOURCE OF INCOME & RESOURCES	AMOUNT	NAME OF HOUSEHOLD MEMBER
Salary #1: Applicant's Income/Salary	\$	
Salary #2: Spouse's Income/Salary	\$	
Tips or Gratuities	\$	
ATAP –TANF-ASAP (State assistance)	\$	
Child Support and Alimony	\$	
Foster Care Payments	\$	
Adult Public Assistance (APA)	\$	
Social Security (SSA RETIREMENT)	\$	
Supplemental Security Income (SSI)	\$	
Disability Insurance (SSDI or private ins.)	\$	
Alaska State Permanent Fund (PFD)	\$	
Cashouts of Retirement or Pension Plans	\$	
State Longevity	\$	
Veteran's Benefit	\$	
Unemployment Insurance Benefits	\$	
Worker's Compensation	\$	
Food Stamps	\$	
Medicare/Medicaid	\$	
Native Corporation Dividends	\$	
Checking Account (provide statement showing balance)	\$	
Savings Account (provide statement showing balance)	\$	
Student Loans/Grants/Scholarships	\$	
Bingo or Pull Tab Winnings	\$	
Other Income	\$	
<b>TOTAL MONTHLY INCOME</b>	<b>\$</b>	

